

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/019, 419	02/06/98	604	3735	97250

APPLICANT

DAVID S. ZAMIEROWSKI, SHAWNEE MISSION, KS.

CONTINUING DOMESTIC DATA***

VERIFIED

371 (NAT'L STAGE) DATA***

VERIFIED

FOREIGN APPLICATIONS***

VERIFIED

FOREIGN FILING LICENSE GRANTED 04/17/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged Examiner's Initials	Initials	KS	7	32	2

ADDRESS

LITMAN, MCMAHON & BROWN
 1200 MAIN STREET
 SUITE 1600
 KANSAS CITY MO 64105

TITLE

MEDICAL PATIENT FLUID MANAGEMENT INTERFACE SYSTEM AND METHOD

FILING FEE RECEIVED \$1,184	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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